community care services, treatment of opportunistic infections and prevention of occupational exposure;

- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public private partnerships;
- Build technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.

In order to accelerate decline of Maternal Mortality Rate, provision has been kept for upgrading Primary Health Centres for providing 24-hour delivery services, operationalising the First Referral units for providing Emergency Obstetric Care and training the health staff for providing Skilled Birth Attendance at delivery, under the Second Phase of Reproductive and Child Health Programme.

Hike in hospital charges in Government hospitals

533. SHRI TARIQ ANWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have increased 10% in consultation, investigation and treatment charges in Government hospitals in several cities;

(b) if so, the details thereof; and

(c) whether the poor patients are finding difficult to get the treatment in the Government hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) There has been no increase in consultation, investigation and treatment charges in Central Government Hospitals in the recent past.

Harassment to CGHS beneficiaries by the CGHS approved private hospitals

534. PROF. ALKA BALRAM KSHATRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: